

Non UCC _____

Building Permit _____ **Fire Protection Permit** _____

Municipality _____ County _____

Construction Site Location _____ Date Received _____

Owner _____ Tenant _____

Address _____ Address _____

State _____ Zip _____ Phone # _____ State _____ Zip _____ Phone # _____

Describe Proposed Work in Detail: _____

BUILDING PERMIT

Contractor _____
(if owner put same as above)

Address _____ # of Stories _____ Height of Structure _____

City _____ State _____ Zip _____ Total SQ FT _____ Use Group _____ Type Const. _____

Phone _____ Cell _____ Description of Work: _____

Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: _____ Other: _____

New Residential _____ Other Residential _____

New Commercial _____ Other Commercial _____ Estimate Total Costs For All Work _____

FIRE PROTECTION PERMIT

Contractor _____
(if owner put same as above)

Address _____ Sprinkler System: _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Alarm System: _____

Federal Employee # _____
[Certification of Insurance for Workers Compensation needed or sign exemption form]

State Classification: _____ Commercial Cooking Equip.: _____

New Residential _____ Other Residential _____ Other: _____

New Commercial _____ Other Commercial _____ Estimate Total Costs For All Work _____

I hereby acknowledge that I have read this application and state the above is correct to comply with all Municipal ordinances and state laws regarding construction.

Signature: _____
Owner () Contractor () Owner Representative ()

CODE OFFICIAL USE ONLY

UCC Building Fee: _____

Code Official: _____

Plan Review Fee: _____

FP Fee: _____

Admin Fee: _____

State Cert. #: _____

State Fee: _____

Total Cost: _____

Date: _____